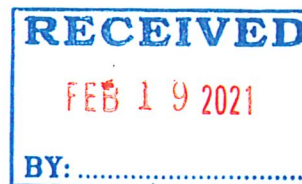


Exhibit 5
AMPD-3-21-27264



129 Screven St. Suite 222
Post Office Drawer 421270
Georgetown, S. C. 29440
Phone: 843-545-3158
Fax: 843-545-3299

APPLICATION TO AMEND A PLANNED DEVELOPMENT (PD)

COMPLETED APPLICATIONS MUST BE SUBMITTED ALONG WITH THE
REQUIRED FEE, AT LEAST FORTY-FIVE (45) DAYS PRIOR TO A PLANNING
COMMISSION MEETING.

Please note this approval applies to this particular property only.

Name of Planned Development: Georgetown Memorial Hospital - Weehaw Campus

Regulation to which you are requesting an amendment (check applicable):

- ☐ Setback – Complete SECTION B: SETBACK AMENDMENT
- ☐ Signage – Complete SECTION C: SIGNAGE AMENDMENT
- ☐ Site Plan – Complete SECTION D: SITE PLAN AMENDMENT
- ☒ Other: Modification of Permitted Use

All Applicants must complete SECTION A: APPLICANT INFORMATION

SECTION A: APPLICANT INFORMATION

Property Information:

TMS Number: 02-1009-018-02-03
(Include all affected parcels)

Street Address: US Highway 701 & Wedgefield road

City / State / Zip Code: Georgetown, SC 29440

Lot / Block / Number: _____

Existing Use: Undeveloped

ots File # 21-1157

Proposed Use: Planned Development District

Commercial Acreage: 58 +/-

Residential Acreage: 16 +/-

Property Owner of Record:

Name: Georgetown Memorial Hospital d/b/a Tidelands Health

Address: 4070 US Highway 17 South

City/ State/ Zip Code: Murrells Inlet, SC 29576

Telephone/Fax: [REDACTED]

E-Mail: [REDACTED]

Signature of Owner / Date: [Signature] 2.16.21

Contact Information:

Name: c/o Bruce Bailey, CEO

Address: 4070 US Highway 17 South

Phone / E-Mail: [REDACTED]

I have appointed the individual or firm listed below as my representative in conjunction with this matter related to the Planning Commission of proposed new construction or improvements to the structures on my property.

Agent of Owner:

Name: Daniel W. Stacy, Jr. / Oxner & Stacy law Firm, LLC

Address: 90 Wall Street / Unit B

City / State / Zip Code: Pawleys Island, SC 29585

Telephone/Fax: [REDACTED]

E-Mail: [REDACTED]

Signature of Agent/ Date: Daniel W. Stacy 2/16/2021

Signature of Owner / Date: [Signature] 2.16.21

Fee Schedule: \$250.00 plus \$10.00 per Residential acre or \$25.00 per Commercial acre.

Adjacent Property Owners Information required:

1. The person requesting the amendment to the Zoning Map or Zoning Text must submit to the Planning office, at the time of application submittal, stamped envelopes addressed with name of each resident within **Four Hundred Feet (400)** of the subject property. The following return address must appear on the envelope: **"Georgetown County Planning Commission, 129 Screven St. Suite 222, Georgetown, SC 29440."**
2. A list of all persons (and related Tax Map Numbers) to whom envelopes were addressed to must also accompany the application.

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

Please submit this **completed application** and appropriate fee to Georgetown County Planning Division at 129 Screven St. Suite 222, Georgetown, S. C. 29440. If you need any additional assistance, please call our office at 843-545-3158.

Site visits to the property, by County employees, are essential to process this application. The owner/applicant as listed above, hereby authorize County employees to visit and photograph this site as part of the application process.

A sign will to be placed on your property informing residents of an upcoming meeting concerning this particular property. This sign belongs to Georgetown County and will be picked up from your property within five (5) days of the hearing.

All information contained in this application is public record and is available to the general public.

SECTION B: SETBACK AMENDMENT

Please supply the following information regarding your request:

- List any extraordinary and exceptional conditions pertaining to your particular piece of property. _____

- Do these conditions exists on other properties else where in the PD?

- Amending this portion of the text will not cause undue hardship on adjacent property owners. _____

Submittal requirements: 12 copies of 11 x 17 plans

- A scaled site plan indicating the existing conditions and proposed additions.
- Elevations of the proposal (if applicable).
- Letter of approval from homeowners association (if applicable).

SECTION C: SIGNAGE AMENDMENT

Reason for amendment request: _____

Number of signs existing currently on site _____

Square footage of existing sign(s) _____

Number of Proposed signs: _____

Square footage of the proposed sign(s) _____

Submittal requirements:

- Proposed text for signage requirements.
- 12 copies (11 x 17) of proposed sign image.
- Site plan indicating placement of the proposed sign(s).
- Elevations.
- Letter from POA or HOA (if applicable)

SECTION D: SITE PLAN AMENDMENT

Proposed amendment request: See attached Site Plan for reference.

Reason for amendment request: To modify the permitted uses component of the
PDD to allow multifamily housing and townhouse housing as a Permitted Use.

Submittal requirements:

- 12 copies of existing site plan.
- 12 copies of proposed site plan.
- Revised calculations (*calculations may include density, parking requirements, open space, pervious/impervious ratio, etc.*).

PROJECT NARRATIVE
AMENDMENT

GEORGETOWN HOSPITAL SYSTEM

THE NEW GEORGETOWN MEMORIAL HOSPITAL

WEEHAW CAMPUS PLANNED DEVELOPMENT (PD)

Section 1.0 General Permitted Uses is modified to add the following:

- n. Multifamily Housing